

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02647

2659

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 623A North Market Street			
3. NAME OF DECEASED: (First) GRACE		(Middle) BELLE		(Last) APPLEBY		4. DATE (Month) (Day) (Year) OF DEATH: March 23, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE OF BIRTH: September 21, 1872		9. AGE last birthday 82 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Carter				14. MOTHER'S MAIDEN NAME: Margaret Nicodemus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 123 East Fourth Street, Mrs. George F. Grove, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cerebral Hemorrhage						1 Day	
ANTECEDENT CAUSE (S) DUE TO (B) Hypertension Heart Disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-10, 1955 to 3-23, 1955 that I last saw the deceased alive on 3-24, 1955 and that death occurred at 3:35A M. from the causes and on the date stated above.							
SIGNATURE H. H. Fisher		M. D.		ADDRESS Frederick, Maryland		DATE SIGNED 3/23/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF March 25, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 24 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Fisher		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

RECEIVED

MAR 28 1975

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 141

2637

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN <u>Brunswick</u>		*		TOWN <u>Rural Jefferson</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>West Potomac Street</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>Jessie May Arvin</u>				<u>3-21-55</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (S)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>white</u>	<u>Married</u>	<u>4-27-1891</u>	<u>63</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Charlie Baker</u>				14. MOTHER'S MAIDEN NAME: <u>Annie Shry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>NO</u>		<u>-</u>		<u>Albert M. Arvin, Jefferson, Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<u>420.1</u> Immediate cause (a) DUE TO <u>Coronary occlusion</u> Antecedent cause(s) (b) DUE TO <u>Coronary Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) DUE TO (e)						<u>3 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6</u>, 19 <u>54</u> , to <u>3-21-55</u> , that I last saw the deceased alive on <u>3-21-55</u> , and that death occurred at <u>10:40</u> a.m., from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		(DEGREE OR TITLE) <u>[Signature]</u>		ADDRESS <u>Brunswick, Md</u>		DATE SIGNED <u>3-21-55</u>	
23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>3-24-55</u>		NAME OF CEMETERY OR CREMATORY <u>Luthern</u>		LOCATION (City, town, or county) (State) <u>Jefferson, Maryland.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 23-55</u>		REGISTRAR'S SIGNATURE <u>Kathryn N. Brown</u>		24. FUNERAL DIRECTOR <u>C.H. Feete and Bro. Brunswick, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 28 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02649

2690

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> <u>Frederick-Rural R.D.#4</u>		<u>Years</u>		<u>Frederick-Rural R.D.#4</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cap Stine Road</u>				STREET ADDRESS (If rural give location) <u>Cap Stine Road</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH: (Month) (Day) (Year)			
(First) (Middle) (Last) <u>CHARLES</u> <u>EDWARD</u> <u>AUSHERMAN</u>				<u>March</u> <u>17</u> , <u>1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>November 7, 1865</u>	<u>89</u>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired Farmer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Owner</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME: <u>Lawson Ausherman</u>			
14. MOTHER'S MAIDEN NAME: <u>Mary Hoffmaster</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT & ADDRESS: <u>Mrs. Tobias E. Zimmerman, Frederick R.D.#4, Md.</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Severity</u>							<u>6 mo.</u>
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO <u>none</u>							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
						21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
						21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-25</u> , 19 <u>55</u> , to <u>3-17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>55</u> , and that death occurred at <u>6:00 A.</u> from the causes and on the date stated above.							
SIGNATURE <u>Dr. R. Martin, M.D.</u>				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>3/18/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 19, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>18 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

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BUREAU V. 2

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02650

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK		MARYLAND		STATE MARYLAND COUNTY FREDERICK			
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN FREDERICK		LENGTH OF STAY (in this place) LIFE		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN FREDERICK		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 213 EAST SECOND ST.				STREET ADDRESS (If rural, give location) 213 EAST SECOND ST.			
3. NAME OF DECEASED: (First) (Middle) (Last) ANN ELIZABETH BARRICK				4. DATE OF DEATH (Month) (Day) (Year) MARCH 29, 1955			
5. SEX: FEMALE		6. COLOR OR RACE: WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED		8. DATE OF BIRTH: JAN. 23, 1890	
9. AGE last birthday: 65 yrs.		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME: THOMAS F. KENNEDY				14. MOTHER'S MAIDEN NAME: AMELIA V. BURCK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 NO				16. SOCIAL SECURITY No.: NONE		17. INFORMANT & ADDRESS: HUSBAND- ROBERT F. BARRICK, 213 E 2d St., FREDERICK	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) CORONARY ARTERY OCCLUSION							6 HRS.
Antecedent cause(s) (b) ARTERIO SCLEROTIC HEART DISEASE							YRS
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County)		(State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE Robert J. Jurek				CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED 3-29-55			
M. D.				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
ASSISTANT MEDICAL EXAM. <input checked="" type="checkbox"/>							
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF: Apr. 1, 1955		NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery		LOCATION (City, town, or county) (State): Frederick, Maryland	
DATE REC'D BY LOCAL REG. 30 March 1955		REGISTRAR'S SIGNATURE: Elizabeth S. Herb.		24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 1 1955

BUREAU V. S.

2661

02651
Reg. Dist.

No. 131

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY FREDERICK	MARYLAND	STATE MARYLAND COUNTY FREDERICK	
CITY (If outside corporate limits, write RURAL OR and give nearest town) FREDERICK	LENGTH OF STAY (In this place) HAS	CITY (If outside corporate limits write RURAL and give nearest town) OR FREDERICK	
HOSPITAL OR INSTITUTION OR STREET ADDRESS CAMP DETRICK		STREET ADDRESS (If rural, give location) 12 E. 14th St.	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) JAMES	(Middle) PIERCE	(Last) BROWN	(Month) MARCH (Day) 17 (Year) 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify): Married	8. DATE OF BIRTH: JUNE 10, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter		10b. KIND OF BUSINESS OR INDUSTRY: Construction	9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John C. Brown		14. MOTHER'S MAIDEN NAME: Emma Crockett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: 114-05-6258	
		17. INFORMANT & ADDRESS: Wife: Ella Brown, 12 E. 14th St., Frederick, Md.	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
420.0 Immediate cause (a) Left Coronary Artery Occlusion DUE TO Antecedent cause(s) (b) Arteriosclerotic Heart Disease Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		Miss. Yes.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 2		19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. None	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE Robert J. June		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/> 3-17-55 M. D.
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF 3-19-1955	NAME OF CEMETERY OR CREMATORY Fleming Cemetery
LOCATION (City, town, or county) (State) South of Wytheville-Va.		
DATE REC'D BY LOCAL REG. 17 March 1955	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR ADDRESS C.E. Cline and Son-Frederick-Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. A.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2662

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02652

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 Biggs Avenue				STREET ADDRESS (If rural give location) 620 Biggs Avenue			
3. NAME OF DECEASED: (First) (Middle) (Last) MARY ELIZABETH COLE				4. DATE (Month) (Day) (Year) OF DEATH: March 25, 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: September 25, 1882	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Seth C. Jones				14. MOTHER'S MAIDEN NAME: Clara V. Cole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 620 Biggs Avenue, Mr. Frank W. Cole, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Coronary occlusion						hour	
ANTECEDENT CAUSE (B) Hypertensive arteriosclerotic heart disease						years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 1954 , to 25 March, 1955 , that I last saw the deceased alive on 3/25, 1955 , and that death occurred at 11:00 M. from the causes and on the date stated above.							
SIGNATURE James B. Thomas		M. D. Frederick, Maryland		DATE SIGNED 3/26/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Mar. 28, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 28 March 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heick		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

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RECEIVED

2663

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Carroll</i>	
CITY (If outside corporate limits, write OR and give nearest town) <i>Frederick</i>		RURAL LENGTH OF STAY (in this place) <i>week</i>		CITY (If outside corporate limits, write OR and give nearest town) <i>Chiron Bridge</i>		RURAL	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hosp.</i>				STREET ADDRESS (If rural give location) <i>Harquhar St. 06X-2</i>			
3. NAME OF DECEASED: (Type or Print) <i>WILLIAM DAVIS</i>				4. DATE OF DEATH: (Month) (Day) (Year) <i>Mar. 6 19 55</i>			
5. SEX: <i>male</i>		6. COLOR OR RACE: <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH: <i>9/19/1875</i>	
9. AGE last birthday: <i>79</i> yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <i>Cement plant</i>		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
13. FATHER'S NAME: <i>Allen Davis</i>				14. MOTHER'S MAIDEN NAME: <i>Virginia (not known)</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>				16. SOCIAL SECURITY No.: <i>213-03-1053</i>		17. INFORMANT & ADDRESS: <i>Carroll Davis, Chiron Bridge, Md.</i>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <i>Heart</i>							
Antecedent causes (s) (b) <i>giving rise to the above cause stating the underlying cause last.</i>							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED (While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>)		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 19 55</i> to <i>Mar 6 19 55</i> that I last saw the deceased alive on <i>Mar 6 19 55</i> and that death occurred at <i>Frederick, Md.</i> from the causes and on the date stated above.							
SIGNATURE <i>J. H. Meacham</i>		(Degree or title) <i>M.D.</i>		ADDRESS <i>Chiron Bridge, Md.</i>		DATE SIGNED <i>Mar 5 55</i>	
23. BURIAL, CREMATION, REBURYAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR <i>March 19 55</i>		REGISTRAR'S SIGNATURE <i>Elizabeth B. Heck</i>		24. FUNERAL DIRECTOR <i>D. D. Hartzler & Sons</i>		ADDRESS <i>Chiron Bridge, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. DEPARTMENT OF THE ARMY

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2664

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 Town Frederick		LENGTH OF STAY (in this place) Over 50 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Town Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Thomas Avenue				STREET ADDRESS (If rural give location) 200 Thomas Avenue			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) FANNIE		(Middle) MAUD		(Last) DEATER		DATE: March 30 19 55	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: February 13, 1883	
				9. AGE last birthday: 72 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife				10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME: James B. Greenwald				14. MOTHER'S MAIDEN NAME: Mary R. Measell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mr. Harry G. Deater - Frederick, Maryland	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
420.1 Immediate cause (a) Coronary Thrombosis DUE TO						2 hrs	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ch. Arterio Sclerotic Vascular Disease DUE TO						10 yrs	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY: Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	
SUICIDE		OF INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-15, 1945, to 3-29, 1955, that I last saw the deceased alive on 3-29, 1955, and that death occurred at 5:00 p.m., from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
U. G. Baur Jr M.D.				Suburban Md.		4-1-55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		April 2, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
April 1955		Elizabeth G. Heck		C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02655

2691

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Charles
CITY (If outside corporate limits, write RURAL or and give nearest town) X TOWN Cullen	LENGTH OF STAY (in this place) 497 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata 08X-	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS ? (If rural give location) ✓	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) Charles	(Middle) N.	(Last) Dement	
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: Nov. 15, 1878	
9. AGE last birthday 76 yrs.		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Cashier		10B. KIND OF BUSINESS OR INDUSTRY: Bank Cashier	
11. BIRTHPLACE (State or foreign country): Charles County, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Benjamin F. Dement		14. MOTHER'S MAIDEN NAME: Mary Starbuck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 217-18-2300	
17. INFORMANT & ADDRESS: Son-in-law, Patrick Slavin		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis		2 years.	
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: C		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 12, 1953 , to Mar. 24, 1955 , that I last saw the deceased alive on Mar. 24, 1955 , and that death occurred at 1:10 M. from the causes and on the date stated above.			
SIGNATURE [Signature]		ADDRESS Cullen, Maryland DATE SIGNED March 24, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3-26-55	
NAME OF CEMETERY OR CREMATORY Cedar Hill		LOCATION (City, town, or county) (State) Suitland, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/24/55		REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR		ADDRESS	

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MAR 28 1955

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02656

2692

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Md	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Thurmont	LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) Thurmont	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last) Byrde May Elower		4. DATE (Month) (Day) (Year) OF DEATH: 3-10-1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Oct. 19, 1876
9. AGE last birthday: 78 yrs.		10. BIRTHPLACE (State or foreign country): Thurmont Fredk. Co. MD	
11. BIRTHPLACE (State or foreign country): Thurmont Fredk. Co. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Milton Delphey		14. MOTHER'S MAIDEN NAME: Jenny Webb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT & ADDRESS: Mrs. Walter S. Rice. Thurmont Md			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
332X IMMEDIATE CAUSE (A) Cerebral Thrombosis		8 days	
ANTECEDENT CAUSE (B) Arterio sclerosis		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 2, 1955 , to Mar. 10, 1955 , that I last saw the deceased alive on Mar. 10, 1955 , and that death occurred at 6:30 PM from the causes and on the date stated above.			
SIGNATURE M. Franklin Bui		DATE SIGNED 3/12/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3-13-1955	
NAME OF CEMETERY OR CREMATORY United Brethren Cem.		LOCATION (City, town, or county) (State) Thurmont. Fredk. Co. Md	
DATE REC'D BY LOCAL REGISTRAR March 13 1955		REGISTRAR'S SIGNATURE Blanchard E. Eyer	
24. FUNERAL DIRECTOR M.L. Creager & Son		ADDRESS Thurmont. MD	

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BUREAU V. S.

2665

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 213 South Market Street				STREET ADDRESS (If rural give location) / 213 South Market Street			
3. NAME OF DECEASED: (First) (Middle) (Last) GEORGE G. ENGBRECHT				4. DATE OF DEATH: (Month) (Day) (Year) March 25 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: April 29, 1888	
9. AGE last birthday: 66 yrs.		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Butcher		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George G. Engbrecht				14. MOTHER'S MAIDEN NAME: Susan Young			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: 214-10-2823		17. INFORMANT & ADDRESS: Mrs. George G. Engbrecht - 213 S. Market St. Frederick, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause (a) Pulmonary Edema 2 hrs							
Antecedent causes (s) (b) Coronary Thrombosis 10 days							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1942, to March 25 1955, that I last saw the deceased alive on March 24, 1955, and that death occurred at 1:15 a.m., from the causes and on the date stated above.							
SIGNATURE 20th March 1955				ADDRESS Frederick, Md 3/26/55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		March 28, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE RECD BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
26 March 1955		Elizabeth B. Heck		C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BOUNTY V. S.

1915

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2665

02658

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)FrederickLENGTH OF STAY
(in this place)

Years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSFrederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY FrederickCITY (If outside corporate limits write RURAL and give nearest town)
ORFrederick-Rural R. F. D. #1STREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

FLORENCEVIRGINIAEVANS4. DATE
OF
DEATH

(Month)

(Day)

(Year)

March 15,19 55

5. SEX:

6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR

IF UNDER 24 HRS.

FemaleWhiteJanuary 14, 191738

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
or in last 12 months)Telephone Operator10b. KIND OF BUSINESS OR
INDUSTRY:C.&P. Tel. Co.

11. BIRTHPLACE (State or foreign country):

Maryland12. CITIZEN OF WHAT
COUNTRY?USA

13. FATHER'S NAME:

Andrew Picken

14. MOTHER'S MAIDEN NAME:

Lucy Pope15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)NoNo

16. SOCIAL SECURITY No.:

212-07-8476

17. INFORMANT & ADDRESS:

Mr. Winfield C. Evans, Frederick, R.D. #1, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

823X
Immediate cause

DUE TO

CEREBRAL CONTUSION + INFARCTION

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☒ No ☐21a. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY HIGHWAY

21c. (City or town,

(County)

(State)

2 Mi. Southon Rt. #75, Near Libertytown, Md.21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY March 12, 1955-2:25 A.M.21e. INJURY OCCURRED
While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

DRIVING STRUCK TREE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. Janie

CHIEF MEDICAL EXAMINER ☐
 DEPUTY MEDICAL EXAMINER ☒
 ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

3-15-5523. BURIAL, CREMATION,
REMOVAL (Specify):Burial

DATE THEREOF

Mar. 18, 1955

NAME OF CEMETERY OR CREMATORY

Pocomoke Presbyterian Cem.

LOCATION (City, town, or county)

Pocomoke City, Maryland

DATE REC'D BY LOCAL

16 March 1955

REGISTRAR'S SIGNATURE

Elizabeth L. Heck

24. FUNERAL DIRECTOR

Holloway & Co., 520 E. Church St., Salisbury, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2667

CERTIFICATE OF DEATH

Reg. Dist. No. 31

02659

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 East Fourth Street				STREET ADDRESS (If rural give location) 103 East Fourth Street			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) HENRY		(Middle) FAHRNEY		(Last) FALK		(Month) (Day) (Year) March 21 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	If UNDER 1 YEAR		If UNDER 24 HRS.
Male	White	Married	1-12-1914	41 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Grocer		Retail Grocery		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John W. Falk				Elizabeth F. Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.:		17. INFORMANT & ADDRESS:	
Yes		World War II		214-10-3740		Mrs. Henry F. Falk-103 E. 4th St. Fred'k. Md.	

18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause (a) <i>White, congestive Heart Failure</i>						5 minutes	
Antecedent causes (s) (b) <i>Coronary Arteriosclerosis</i>						3 years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 1952, to 3-21-1955, that I last saw the deceased alive on 3-21-1955, and that death occurred at 11:30 p.m. from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
<i>John C. Shaw</i>		<i>MD</i>		<i>4 W 3rd St</i>		<i>3 23 55</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		March 24, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
24 March 1955		<i>Elizabeth G. Heck</i>		C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 28 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2693

02660

Reg. Dist.

No. 145

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK		MARYLAND		STATE OHIO		COUNTY Summit 72X-3	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN RURAL-MYERSVILLE		LENGTH OF STAY (in this place) MIN.		CITY (If outside corporate limits write RURAL and give nearest town) X AKRON CUYAHOGA FALLS			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route U.S. 40				STREET ADDRESS 4639 WYOGA LAKE RD 617 HAZEL ST.			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) JESSE		(Middle) OLIVE		(Last) FEISTER		(Month) MARCH (Day) 30 (Year) 1955	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: OCT. 24, 1895		9. AGE last birthday: 59 yrs.	10. IF UNDER 1 YEAR (Months) 59 (Days) 59 (Hours) 59 (Min.)	
10a. USUAL OCCUPATION (Give kind of work done, during most of work life, or if retired) Painting Contractor		10b. KIND OF BUSINESS OR INDUSTRY: OWN Business Grover Hill Ohio		11. BIRTHPLACE (State or foreign country): Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Feister				14. MOTHER'S MAIDEN NAME: Labine Hock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes		16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) WORLD WAR		17. INFORMANT & ADDRESS: John F. Feister - 4639 Wyoga Lake Rd Cuyahoga Falls Ohio			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause		(a) BROKEN NECK, LACERATED HEART, LACERATED AORTA, FRACTURED LARYNX, CRUSHED CHEST				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO				INST.	
Antecedent cause(s)		(b) _____					
Diseases or conditions, if any, giving rise to the above cause		DUE TO					
stating underlying cause last		(c) _____					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH							
19a. DATE OF OPERATION: 2		19b. MAJOR FINDING OF OPERATION:					
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) HIGHWAY		21c. (City or town) (County) US. RTE 40 at Md. Rte 17		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY MAR. 30, 1955 7:15 PM		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? DRIVING VEHICLE (AUTO) WHICH STRUCK ANOTHER AUTO			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/>, Inspection <input type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/>, Accident <input checked="" type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.							
SIGNATURE Robert J. Junie		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED 3-30-55	
23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL		DATE THEREOF 3/31/55		NAME OF CEMETERY OR CREMATORY AKRON-SUMMIT CO. OHIO		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. April 1, 1955		REGISTRAR'S SIGNATURE Floyd M. Bittle		24. FUNERAL DIRECTOR PAUL F. BITTLE, MYERSVILLE, MD		ADDRESS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2668 CERTIFICATE OF DEATH

02661

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Friederich</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Carroll</u>
CITY (If outside corporate limits, write RURAL, and give nearest town) <u>Friederich</u>	LENGTH OF STAY (in this place) <u>1 day</u>	CITY (If outside corporate limits, write RURAL, and give nearest town) <u>New Windsor</u>	<u>062-2</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Friederich Hospital</u>		STREET ADDRESS (If rural give location) <u>RD #1</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>ROBERT</u>	(Middle) <u>LEWIS</u>	(Last) <u>GORSUCH</u>	(Month) <u>March</u> (Day) <u>14</u> (Year) <u>1955</u>
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>13 Mar 1955</u>
9. AGE last birthday: <u>0</u> yrs. <u>0</u> Months <u>0</u> Days <u>31</u> Hours <u>1</u> Min.		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>Infant</u>	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Edwin G. Gorsuch</u>		14. MOTHER'S MAIDEN NAME: <u>Bessie Myers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>Edwin G. Gorsuch</u>		<u>New Windsor</u>	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
771.0 Immediate cause (a)	<u>Adrenal cortical failure</u>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	<u>Secondary to bilateral adrenal hemorrhage</u>	<u>Entire life</u>
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: <u>19 Mar 1955</u>		20. AUTOPSY: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		

21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE		OF INJURY			
HOMICIDE					
TIME (Month) (Day) (Year) (Hour) (Minute)		INJURY OCCURRED			
OF INJURY		While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>			
		HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from <u>13 Mar 1955</u> , to <u>14 Mar 1955</u> , that I last saw the deceased alive on <u>14 Mar 1955</u> and that death occurred at <u>11:05 AM</u> , from the causes and on the date stated above.	
SIGNATURE <u>John H. Chappin</u>	DATE SIGNED <u>Mar 14 1955</u>
(Degree or title) <u>M.D.</u>	ADDRESS <u>Westminster Md</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3-15-1955</u>
NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Ctm.</u>	LOCATION (City, town, or county) (State) <u>Installwood, Md</u>
DATE REC'D BY LOCAL REGISTRAR <u>14 March 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Hech</u>
24. FUNERAL DIRECTOR <u>A. Bankard</u>	ADDRESS <u>1001 Westminister, Md.</u>

2035323416

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LIBRARY A. S.



2669

CERTIFICATE OF DEATH

Reg. Dist. No. 131

02662

1. PLACE OF DEATH:

COUNTY

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

FREDERICK

LENGTH OF STAY (in this place)

1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS

Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)

WOODSBORO

STREET ADDRESS

(If rural give location)

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

CORA

ALICE

HAHN

4. DATE OF DEATH:

(Month)

(Day)

(Year)

March 12 1955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH:

69 yrs.

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1955 to March 12, 1955 that I last saw the deceased

live or SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

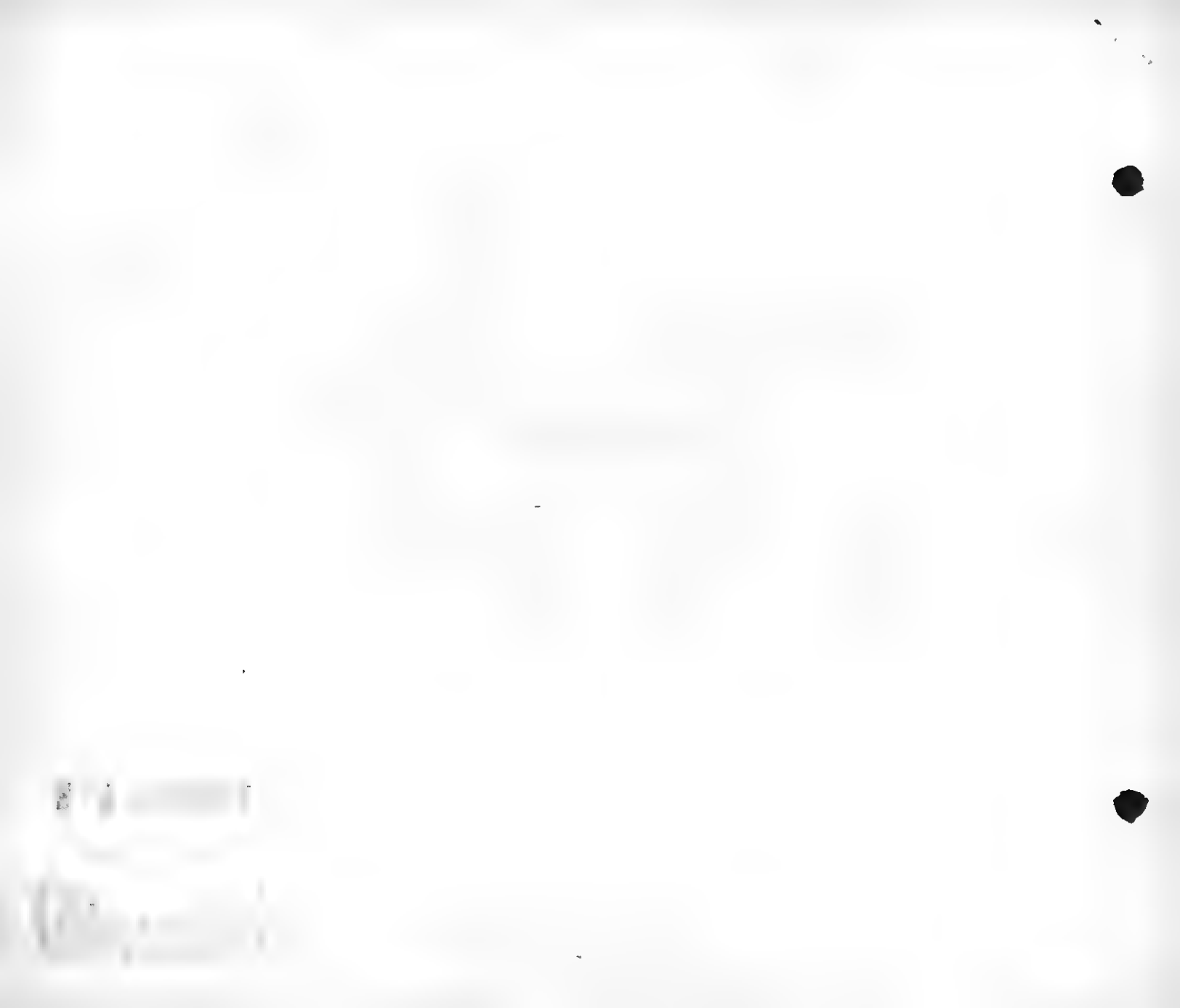
24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2670

CERTIFICATE OF DEATH

02663

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick-Rural-R.F.D.#3</u> X	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		STREET ADDRESS (If rural give location) <u>Yellow Springs</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>							
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>RUSSELL HARRISON HARRIS</u>				DEATH: <u>March 8, 1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>October 2, 1881</u>	9. AGE last birthday <u>63</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Plasterer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Contractor</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>William Harris</u>				14. MOTHER'S MAIDEN NAME: <u>Lucy L. Lewis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes</u> <u>WWI</u>				16. SOCIAL SECURITY NO. <u>214-10-1659</u>		17. INFORMANT & ADDRESS: <u>Mrs. Cloe L. Harris, Frederick, R.F.D.#3, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral thrombosis</u>						<u>30 hrs</u>	
ANTECEDENT CAUSE (B) <u>Arteriosclerosis & Hypertension</u>						<u>24 hrs +</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>6</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>March 3, 1955</u> , to <u>March 8, 1955</u> , that I last saw the deceased alive on <u>March 7, 1955</u> , and that death occurred at <u>6:40 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>B. Thomas</u> M.D.				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>3/8/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>March 11, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>10 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Herb.</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

100

RECEIVED

MAR 11 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02664
2671 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Md	COUNTY Frederick
CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick	LENGTH OF STAY (in this place)	If outside corporate limits, write RURAL and give nearest town) Mountaineale	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) Franklin (Middle) W. C. (Last) Hewitt		4. DATE (Month) (Day) (Year) OF DEATH Mch. 22. 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 24. 1884
9. AGE last birthday: 71 yrs.		10. UNDER 1 YEAR: Months Days	11. UNDER 24 HRS: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Frederick City	11. BIRTHPLACE (State or foreign country): Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME: Charles W. Hewitt	
14. MOTHER'S MAIDEN NAME: Susann Sheets.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 220-09-8038		17. INFORMANT & ADDRESS: Md Mrs Nannie E. Hewitt Thurmont R.D.I	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		420.1	
IMMEDIATE CAUSE (A) Coronary Thrombosis		12 hrs	
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-20, 1955 , to 3-22, 1955 , that I last saw the deceased alive on 3-22, 1955 , and that death occurred at 9:05 PM , from the causes and on the date stated above.			
SIGNATURE M. B. Bauman		ADDRESS M. D. Induck DATE SIGNED 3-23-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Mch. 25th. 1955	
NAME OF CEMETERY OR CREMATORY Lewistown Cemetery		LOCATION (City, town, or county) (State) Lewistown Fredk Co. Md	
DATE REC'D BY LOCAL REGISTRAR 25 March 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck	
24. FUNERAL DIRECTOR M. L. Creager & Son. Thurmont. Md		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ORIGINAL FILED

U.S. AIR FORCE

APR 29 1965

RECEIVED

2694

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Brunswick		LENGTH OF STAY (in this place) 6 months		CITY (If outside corporate limits, write RURAL and give nearest town) Brunswick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Merrie				STREET ADDRESS (If rural, give location) East Potomac St.			
3. NAME OF DECEASED: (First) Emma (Middle) E. (Last) Horine				4. DATE OF DEATH: (Month) 3 (Day) - 18 (Year) 19 55			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: II-7-1858	9. AGE last birthday: 96 yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None			10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John A. Horine				14. MOTHER'S MAIDEN NAME: Francis Grove			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO			16. SOCIAL SECURITY No.: *	17. INFORMANT & ADDRESS: Mr. A. L. W. Horine, Brunswick, Md.			

18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) Uremia						1 week	
Antecedent cause(s) (b) Arterio-sclerotic nephritis						??	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 3/18/55				19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White st work <input type="checkbox"/> Not white at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/18/55 to 3/19/55 that I last saw the deceased alive on 3/17/55 and that death occurred at 12 noon , from the causes and on the date stated above.							
SIGNATURE W. S. Carpenter - M.D.				ADDRESS		DATE SIGNED 3/19/55	
23. BURIAL, CREMATION REMOVAL (Specify): Burial		DATE THEREOF: 3-20-1955		NAME OF CEMETERY OR CREMATORY: Union		LOCATION (City, town, or county) (State): Burkittsville, Maryland	
DATE REC'D BY LOCAL REG. Mar. 19-55		REGISTRAR'S SIGNATURE: Kathryn H. Brown		24. FUNERAL DIRECTOR: C. H. Peete and Bro, Brunswick, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2695

MARYLAND STATE DEPARTMENT OF HEALTH

02666

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>	
OR (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK RURAL 2 YRS</u>		OR (If outside corporate limits, write RURAL and give nearest town) <u>NEW MARKET</u>	
3. NAME OF DECEASED (Type or Print) <u>ANDREW HANSON JACKSON</u>		4. DATE OF DEATH <u>MAR 10 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. SINGLE, MARRIED, WIDOWED, <u>WIDOWED</u> , (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>11-20-1867</u>	
9. AGE last birthday <u>87</u> yrs.		10. If under 1 year Months Days	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>CHARLES H. B. JACKSON</u>		14. MOTHER'S MAIDEN NAME <u>ELIZA J. KEEFER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>COUNTY HOME RECORDS</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Coronary Heart failure</u>		<u>2 days</u>	
Antecedent cause(s) (b) <u>Coronary Artery Disease</u>		<u>3 days</u>	
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>Arterio Sclerosis</u>		<u>2 yrs</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 10, 1955</u> to <u>Mar 10, 1955</u> , that I last saw the deceased alive on <u>Mar 10, 1955</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.			
SIGNATURE <u>H. H. H. M. D.</u>		ADDRESS <u>Fredrick Md</u> DATE SIGNED <u>Mar 11 55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>3-13-1955</u>	
NAME OF CEMETERY OR CREMATORY <u>NEW MARKET CEMETERY</u>		LOCATION (City, town, or county) (State) <u>NEW MARKET MD</u>	
DATE REC'D BY LOCAL REG. <u>3-12-1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heib.</u>	
24. FUNERAL DIRECTOR <u>W. E. Falconer</u>		ADDRESS <u>New Market Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU Y. B.

MAR 15 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02667

2672

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Herbst Nursing Home</u>				STREET ADDRESS (If rural give location) <u>21 East Fourth Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>LIZZIE</u> <u>MAE</u> <u>KANODE</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>March</u> <u>29</u> , 19 <u>55</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>May 1, 1871</u>	9. AGE last birthday <u>83</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Martin E. Kanode</u>				14. MOTHER'S MAIDEN NAME: <u>Angeline Shelton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Harold E. Kanode, R.F.D.#6, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Angerine Heart Failure</u>						<u>2 months</u>	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u>						<u>1 year</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>54</u> , to <u>29 March</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 28</u> , 19 <u>55</u> , and that death occurred at <u>12:15</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Stevenson</u>		M.D. <u>Frederick, Maryland</u>		ADDRESS <u>3/30/1955</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Apr. 1, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>30 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hech</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

BUREAU V. C.

Apr 1

1894

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02668

2673

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>7 Days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>27 East Third Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>MARGARET</u> <u>DUKE</u> <u>KEPLER</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>March 4,</u> <u>19 55</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, <u>WIDOWED, DIVORCED,</u> (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>August 26, 1881</u>	9. AGE last birthday <u>63</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Hospital</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John Duke</u>				14. MOTHER'S MAIDEN NAME: <u>Lillian Jarboe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>27 East Third Street,</u> <u>James H. Kepler, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>415X</u> IMMEDIATE CAUSE DUE TO <u>A Infarction left Cerebrum</u> <u>B Left middle meningeal embolism</u>						<u>4 days</u> <u>4 days</u>	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>(B) Rheumatic myocarditis with valvulitis</u> DUE TO <u>(C)</u>						<u>many years.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 27, 1955</u> , to <u>March 4, 1955</u> , that I last saw the deceased alive on <u>March 3, 1955</u> , and that death occurred at <u>12:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>S. R. Scholten</u>				M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>3/4/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 6, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Rocky Springs Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>March 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hark</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

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MAR 8 1955

DUNN V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02669

2674

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
11 Frederick		Life		Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
129 Frederick Memorial Hospital				14 West 14th Street			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
LOUIS VINCENT KEYSER				March 6, 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	12. IF UNDER 60 HRS.
Male	White	Married	September 17, 1908	46 yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:			
Salesman				Insurance			
11. BIRTHPLACE (State or foreign country):				12. CITIZEN OF WHAT COUNTRY?			
Maryland				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Calvin V. Keyser				Mary L. Kennedy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
Yes				214-10-5279			
17. INFORMANT & ADDRESS:				14 West 14th Street, Mrs. Belle L. Keyser, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Acute myocardial infarction						10 days	
ANTECEDENT CAUSE (B) Coronary artery occlusion						110 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arterio-sclerotic of coronary arteries						unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.)			
				21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-24 , 19 55 , to 3-6 , 19 55 , that I last saw the deceased alive on 2-25 , 19 55 , and that death occurred at 4:00 AM , from the causes and on the date stated above.							
SIGNATURE J. R. Schoolman				ADDRESS Frederick, Maryland			
DATE SIGNED 3/7/1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY):				DATE THEREOF			
Burial				Mar. 9, 1955			
NAME OF CEMETERY OR CREMATORY				LOCATION (City, town, or county) (State)			
Mount Olivet Cemetery				Frederick, Maryland			
24. FUNERAL DIRECTOR				ADDRESS			
M. R. Etchison & Son				Frederick, Maryland			

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

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BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02670

2675

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>Years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>114 West Church Street</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>CHARLES SETH LANE 111</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>March 12, 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>December 17, 1894</u>
9. AGE last birthday <u>60</u> yrs		10. MONTHS <u>60</u>	11. DAYS <u>60</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sect.-Treas.</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Milling Co.</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>William Preston Lane</u>	
14. MOTHER'S MAIDEN NAME: <u>Virginia Cartwright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>WW1</u>	
16. SOCIAL SECURITY No. <u>214-10-2003</u>		17. INFORMANT & ADDRESS: <u>114 West Church Street, Mrs. Susan G. Lane, Frederick, Maryland</u>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
451X IMMEDIATE CAUSE (A) <u>Rupture of abdominal aortic aneurysm</u>		<u>2 or 3 days</u>	
ANTECEDENT CAUSE (B) <u>Arterio sclerosis</u>		<u>unknown</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>3-12-55</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-12, 1955</u> , to <u>3-12, 1955</u> , that I last saw the deceased alive on <u>3-12, 1955</u> , and that death occurred at <u>4:55 PM</u> , from the causes and on the date stated above.			
SIGNATURE <u>J. L. Seaborn</u>		ADDRESS <u>Frederick, Maryland</u>	
DATE SIGNED <u>3/14/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 15, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>15 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Herb</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

BUREAU V. S.

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2688

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

R#2671

No. 141

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN BRUNSWICK Life
 HOSPITAL OR INSTITUTION OR STREET ADDRESS R. R. Tracks

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR TOWN BRUNSWICK
 STREET ADDRESS (If rural, give location)
325 WALNUT ST.

3. NAME OF DECEASED: (First) (Middle) (Last)
VERNON CLAY LONG
 (Type or Print)
 4. DATE OF DEATH MARCH 7 1955
 (Month) (Day) (Year)
 5. SEX: MALE 6. COLOR OR RACE: WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED 8. DATE OF BIRTH: MAR. 21, 1909 9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

William H. Long

14. MOTHER'S MAIDEN NAME:

Minnie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 705-14-1813

17. INFORMANT & ADDRESS:

Mrs. Mary Barger, Brunswick Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

802X
 Immediate cause

(a)..... FRACTURED SKULL, COMPOUND

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO EMPD FRAC. PELVIS, FRAC. L. LEG & R. ARM

INTERVAL BETWEEN ONSET AND DEATH

MINSMINS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY RAILROAD

21c. (City or town)

(County)

(State)

BRUNSWICK - FREDERICK - MD.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-7-55 Ca 1 9 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? STRUCK BY TRAIN

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. Jurek

CHIEF MEDICAL EXAMINER ☐ DATE SIGNED
 DEPUTY MEDICAL EXAMINER ☒
 M. D. ASSISTANT MEDICAL EXAM. ☐

3-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 3-8-55

REGISTRAR'S SIGNATURE Kathryn H. Brown

24. FUNERAL DIRECTOR C. H. Furt

ADDRESS Bro Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2676

CERTIFICATE OF DEATH

 02672
 Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) Hours		CITY (If outside corporate limits, write RURAL and give nearest town) Hyattstown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (First) (Middle) (Last) ELLA MAY VIRGINIA LYLES				4. DATE (Month) (Day) (Year) OF DEATH: March 13, 1955			
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH: 28 July 1883	9. AGE last birthday 71 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work			10B. KIND OF BUSINESS OR INDUSTRY: At Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Daniel W. Lyles				14. MOTHER'S MAIDEN NAME: Elizabeth Lyles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Forest E. Lyles, Hyattstown, Maryland		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Dissecting aneurysm of aorta						12 hrs	
DUE TO							
ANTECEDENT CAUSE (B) Idiopathic medial cystic necrosis							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 13 March, 1955 , to 13 March, 1955 , that I last saw the deceased alive on 13 March, 1955 , and that death occurred at 10:40 A M, from the causes and on the date stated above.							
SIGNATURE William E. Lea			ADDRESS M.D. Frederick, Md.			DATE SIGNED 14 March 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 16 March 1955		NAME OF CEMETERY OR CREMATORY Montgomery Chapel Cemetery		LOCATION (City, town, or county) (State) Hyattstown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 16 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heick		24. FUNERAL DIRECTOR W. L. Burdette		ADDRESS Hyattstown, Maryland	

BOOK NO. 2

2696

CERTIFICATE OF DEATH

Reg. Dist. No.

02673

134

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND		STATE <u>Maryland</u> <u>Frederick</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN <u>Rural Emmitsburg,</u> 79 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Emmitsburg,</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emmitsburg, R.D.# 2</u>		STREET ADDRESS (If rural give location) <u>Emmitsburg, R.D.# 2</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) (Middle) (Last) <u>David</u> <u>Nevin</u> <u>Martin</u>		(Month) (Day) (Year) <u>March 19, 1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>June 10, 1875</u> 79 yrs.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Own Farm</u>	
11. BIRTHPLACE (State or foreign country): <u>Frederick Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>George Martin</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Whitmore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>Phoebe H. Martin</u>		<u>Emmitsburg, Md.</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Coronary occlusion</u> DUE TO			
Antecedent causes (s) (b) <u>Arteriosclerosis</u> DUE TO			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 5, 1955</u> , to <u>March 9, 1955</u> , that I last saw the deceased alive on <u>Feb. 6, 1955</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Charles R. Williams</u>		ADDRESS <u>Emmitsburg, Md.</u>	
DATE SIGNED <u>March 19, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>March 22, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mt. View</u>		LOCATION (City, town, or county) <u>Emmitsburg, Frederick Co. Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>March 20, 1955</u>		REGISTRAR'S SIGNATURE <u>M. F. Shuff</u>	
24. FUNERAL DIRECTOR <u>S. L. Allison</u>		ADDRESS <u>Emmitsburg, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2697

CERTIFICATE OF DEATH

Reg. Dist. No. 134

Saint Joseph Central House

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN Emmitsburg Rural		1 yr (about)		TOWN Emmitsburg			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Emmitsburg, Maryland		STREET ADDRESS (If rural, give location)			
94				Maryland			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:			
(Type or Print)		Mary Teresa Martin (Sister Beatrice)		DEATH: March 6 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
F.	White	Religious	May 22, 1886	68 yrs.	10	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
		Pharmacist		Ellicottsville, New York		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Thomas Martin				Frances Howard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
7 No		none		Sister Rosa, Assistant, St. Joseph's			
18. MEDICAL CERTIFICATION				per Sr. a			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH			
420.1 Immediate cause (a) coronary Occlusion				1 hour			
Antecedent cause(s) (b) arteriosclerosis cardio vascular disease				several years			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS:							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?			
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from July 1954, to March 1955, that I last saw the deceased alive on March 6, 1955, and that death occurred at March 6, 1955, from the causes and on the date stated above.							
SIGNATURE		(DEGREE OR TITLE)		ADDRESS		DATE SIGNED	
W.R. Coadle M.D.		Emmitsburg, Md.		3-7-55			
23. BURIAL, CREMATION REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		March 9, 1955		St Joseph's		Emmitsburg, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Mar 8-1955		M. F. Shuff		S. L. Allison		Emmitsburg, Md.	
				S. L. Allison			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. GOVERNMENT

0

2698

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Baltimore
CITY (If outside corporate limits, write RURAL or and give nearest town) X TOWN Cullen	LENGTH OF STAY (in this place) 178 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 03-54-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS (If rural give location) 236 N. Marlyn Ave.	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) Thaddeus	(Middle) James	(Last) McGinley	(Month) March (Day) 5, (Year) 19 55
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: March 15, 1879
9. AGE last birthday 75 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired		12. KIND OF BUSINESS OR INDUSTRY:	
13. FATHER'S NAME: James McGinley		14. MOTHER'S MAIDEN NAME: Julia Harvey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No. ?	
17. INFORMANT & ADDRESS: Patient, Thaddeus James McGinley		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis		Unknown	
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Apoplexy		3 yrs.	
Generalized Arteriosclerosis		Unknown	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 8, 1954, to March 5, 1955, that I last saw the deceased alive on March 5, 1955, and that death occurred at 7:00 M. from the causes and on the date stated above.			
SIGNATURE J. B. Lyon		M. D. Cullen, Maryland DATE SIGNED March 7, 1955.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3-6-55	
NAME OF CEMETERY OR CREMATORY St. Agatha		LOCATION (City, town, or county) (State) Ellwood City, Pa.	
DATE REC'D BY LOCAL REGISTRAR 3/7/55		REGISTRAR'S SIGNATURE J. B. Lyon	
24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

BUREAU V. S.

2677

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02676

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) FREDERICK
 LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK
 CITY (If outside corporate limits write RURAL and give nearest town) FREDERICK
 STREET ADDRESS (If rural, give location) 239 WASHINGTON ST.

3. NAME OF DECEASED:

(First) (Middle) (Last)
JANET M MOORE

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 3, 1955

5. SEX:

FEMALE

6. COLOR OR RACE:

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH:

JULY 23, 1948

9. AGE last birthday:

6 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME:

GEORGE C. MOORE, JR.

14. MOTHER'S MAIDEN NAME:

KATIE HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: JOHN E. GLASSFORD, 239 WASHINGTON ST., FREDERICK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

DUE TO

COMPOUND FRACTURE OF SKULL

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 HRS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY STREET

21c. (City or town)

(County)

(State)

FREDERICK—FREDERICK—MARYLAND

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY MARCH 3, 1955 3:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

STUCK BY

AUTOMOBILE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. Jurek

CHIEF MEDICAL EXAMINER ☒
 DEPUTY MEDICAL EXAMINER ☐
 ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED

3-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): 3-6-55

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 5 March, 1955

REGISTRAR'S SIGNATURE

Elizabeth S. Heck

24. FUNERAL DIRECTOR

R. E. Bailey

ADDRESS

Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MAR 8 1955

LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2699

CERTIFICATE OF DEATH

Reg. Dist. No. 139

026377

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Baltimore City	
CITY (If outside corporate limits, write RURAL OR TOWN) Cullen		LENGTH OF STAY (in this place) 5 days.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.				STREET ADDRESS (If rural give location) 833 S. Paca Street,			
3. NAME OF DECEASED: (First) (Middle) (Last) William Patrick Moyer				4. DATE (Month) (Day) (Year) OF DEATH March 14, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH: July 14, 1898	9. AGE last birthday 56 yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glass factory worker			10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George Moyer				14. MOTHER'S MAIDEN NAME: Margaret ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) 218-05-1424		17. INFORMANT & ADDRESS: Patient, William Patrick Moyer			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis							1 year.
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: C				19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 9, 1955 , to March 14, 55 that I last saw the deceased alive on Mar. 14, 1955 and that death occurred at 4:15 P.M. from the causes and on the date stated above.							
SIGNATURE [Signature]		ADDRESS Cullen, Md.		DATE SIGNED March 15, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF 3/15/55		NAME OF CEMETERY OR CREMATORY Md. Anatomical Board		LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/15/55		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR M. L. Creager & Son, Thurmont, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 16 1955

BUREAU V. S.

2678

02678

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL, and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL, and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>602 Wilson Place</u>				STREET ADDRESS <u>602 Wilson Place</u>		(If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>GUY</u> <u>LESLIE</u> <u>NUSZ</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>March</u> <u>9</u> , <u>1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE MARRIED. <u>WIDOWED</u> (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>March 6, 1886</u>	9. AGE last birthday: <u>69</u> yrs. Months Days Hours Min.		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Molder</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Iron & Steel Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William L. Nusz</u>				14. MOTHER'S MAIDEN NAME: <u>Mollie Eichner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No.: <u>214-10-3352</u>		17. INFORMANT & ADDRESS: <u>Mrs. Guy L. Nusz, Frederick, Maryland</u>			

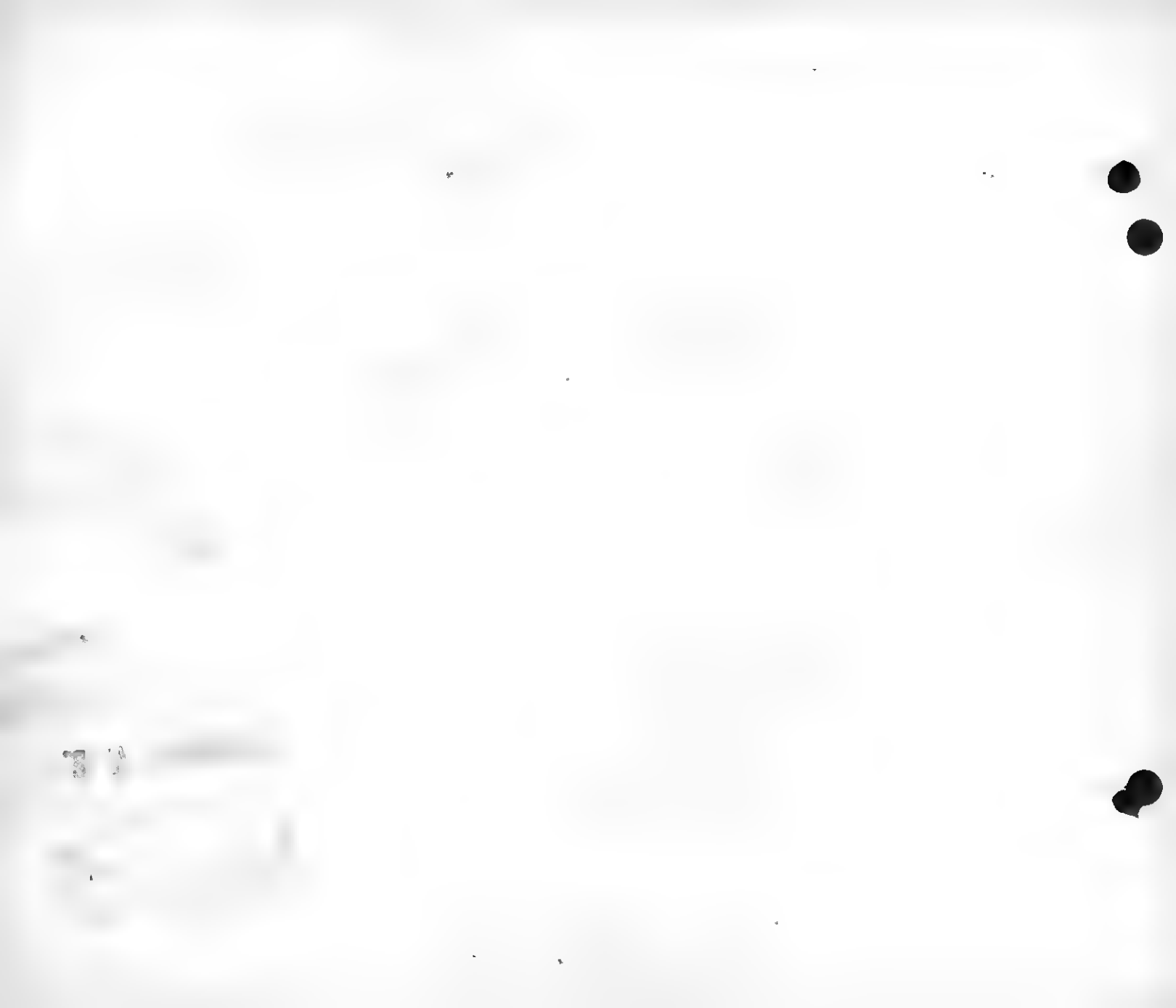
18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Coronary occlusion</u>		<u>minutes</u>
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Pulmonary fibrosis</u>		<u>years</u>
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <u>July, 1951</u> , to <u>9 March 1955</u> , that I last saw the deceased live on <u>2 March 1955</u> , and that death occurred at <u>3:30 PM</u> , from the causes and on the date stated above.					
SIGNATURE <u>James B. Thomas, M.D.</u>		(Degree or title)		DATE SIGNED <u>3/10/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Mar. 12, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	
LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	
DATA REC'D BY LOCAL REGISTRAR <u>11 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hebb</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2679

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
11 TOWN Frederick		Lifelong		11 TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 North Court Street				STREET ADDRESS (If rural give location) 106 North Court Street			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
LOUISE POTTS				March 2 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS
Female	White	Single	January 11, 1872	83 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Housekeeper		Own home		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Arthur Potts				Helen Mobberley			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		None		Mrs. Vincent Rogers - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
422.1 Immediate cause (a) Cerebro-vascular accident						5 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atherosclerosis cardio-vascular disease						years	
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-25-1955, to 3-2-1955, that I last saw the deceased alive on 3-1-1955, and that death occurred at 8:05 A.M. from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
Robert S. Juman, Jr.		M.D.		7 East Church St. Fred. Md.		3-3-55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		March 4, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
3 March 1955		Elizabeth B. Hark		C. E. Cline & Son - 8 East Patrick Street, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU A S

MAR 7 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2639 em 14, 11-11-55 et
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02680
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Brunswick

LENGTH OF STAY
(in this place)
Life

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS 505 "A" St., East.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Brunswick

STREET ADDRESS (If rural, give location)
505 E. "A" St.

3. NAME OF DECEASED:

(First)
(Type or Print) HARRY

(Middle)
WILLIAM

(Last)
ROHRBACK

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 27, 1955

5. SEX:

MALE

6. COLOR OR RACE:
WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH:
6-17-1896

9. AGE last birthday: 59 yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CARMAN

10b. KIND OF BUSINESS OR INDUSTRY:
WASHINGTON TERMINAL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME:

GEORGE W. ROHRBACK

14. MOTHER'S MAIDEN NAME:

Margaret Ella Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: 213-189-657

17. INFORMANT & ADDRESS:

Franklin E. Rohrbach, Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4200
Immediate cause

(a) Acute Myocardial Infarction

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Heart Disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH
24 HRS.

Yes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY:
Yes ☐ No ☒
(State)

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH None

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐ , Inspection ☒ , Inquiry ☐ , and find that death resulted from: Natural causes ☒ Accident ☐ , Suicide ☐ , Homicide ☐ , Undetermined cause ☐ .

SIGNATURE

Robert J. Jurek

M. D.

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED
3-27-55

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF
3-29-55

NAME OF CEMETERY OR CREMATORY
Locust Valley

LOCATION (City, town, or county)

(State)
Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE
Halley N. Brown

24. FUNERAL DIRECTOR

ADDRESS
C. H. Field & Co Brunswick Md.



2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02681

Reg. Dist. No. 81

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - COUNTY <u>Frederick</u> STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge</u>	
TOWN <u>Union Bridge</u>		TOWN <u>Union Bridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>MARY</u> (Middle) <u>ELIZABETH</u> (Last) <u>ROYER</u>		4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>3</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/28/1898</u>
9. AGE last birthday <u>57</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Amos Graham</u>		14. MOTHER'S MAIDEN NAME <u>Louise Bruckey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Catharine Stetly, Union Bridge, Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>4.25.1</u> IMMEDIATE CAUSE <u>CORONARY THROMBOSIS</u>		
(b) <u>Antecedent cause(s)</u> <u>HYPERTENSIVE CVD</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) <u>2 YEARS</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARCINOMA BREAST & METASTASIS TO LUNGS</u>		
19a. DATE OF OPERATION <u>13 Feb 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA BREAST</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to 3 MARCH, 1955, that I last saw the deceased alive on 2 MARCH, 1955, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>3/5/55</u>	NAME OF CEMETERY OR CREMATORY <u>Beaver Run Cemetery, Frederick County, Md.</u>	LOCATION (City, town, or county) (State) <u>Frederick County, Md.</u>
DATE REC'D BY LOCAL REG. <u>March 4, 1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Union Bridge, Md.</u>

BUNDAO V. S.

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

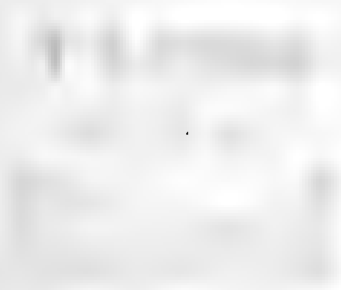
02682

2680

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) Years		OR <u>Frederick-Rural R.F.D.# 6</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Bartonsville</u>			
3. NAME OF DECEASED: (First) <u>LOLA</u>		(Middle) <u>ALBERTA</u>		(Last) <u>SHANKLE</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>March 19, 1955</u>	
5. SEX. <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE OR MARRIED: <u>Single</u>	8. DATE OF BIRTH: <u>June 3, 1906</u>	9. AGE last birthday <u>48</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William S. Shankle</u>				14. MOTHER'S MAIDEN NAME: <u>Flornece V. Harris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Harvey C. Boone, Frederick, R.F.D.#6, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260X IMMEDIATE CAUSE		(A) <u>Acute Fibrinopurulent Meningitis</u>				<u>46 hrs.</u>	
ANTECEDENT CAUSE (B):		(B) <u>Diabetic Acidosis</u>				<u>46 hrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST		(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>		19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>16 March, 1955</u> , to <u>19 March, 1955</u> , that I last saw the deceased alive on <u>19 March, 1955</u> , and that death occurred at <u>12:45 P.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Stone</u>		M.D. <u>4 W 3rd St</u>		ADDRESS <u>2-19-55</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>March 22, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Zion Reformed Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>21 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heb.</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	



2681

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) // TOWN Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		//	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 138 West Patrick Street			
3. NAME OF DECEASED: (First) (Middle) (Last) JOSHUA FRED SHIPLEY, JR				4. DATE OF DEATH: (Month) (Day) (Year) March 17 19 55			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 5, 1888	9. AGE last birthday: 66 yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Machinists clerk		10b. KIND OF BUSINESS OR INDUSTRY: Brush factory		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: J. Fred Shipley, Sr.				14. MOTHER'S MAIDEN NAME: Margaret L. Baer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 214-10-2030		17. INFORMANT & ADDRESS: Mrs. J. Fred Shipley, Jr. -- 138 W. Patrick St. -- Frederick, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause (a) Acute coronary thrombosis						4 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic cordis vasculandi.						? years	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 3-17, to 3-17, 1955, that I last saw the deceased alive on 3-17, 1955, and that death occurred at 6:40 p.m., from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
Robert S. Turner, Jr. M.D.		7 E. Church St. Frederick		3-18-55			
23. BURIAL, CREMATION, (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		March 20, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
18 March 1955		Elizabeth B. Hark		C. E. Cline & Son - 8 East Patrick Street, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 22 1955

2682

02684

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

Reg. Dist.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>400 Block of Middle Alley</u>				STREET ADDRESS (If rural, give location) <u>109 East Second Street</u>			
3. NAME OF DECEASED: (Type or Print) <u>PETER</u>		(First) <u>LEE</u>		(Middle) <u>SHIPLEY</u>		(Last)	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>May 10, 1934</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Stock Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Wholesale Hardware</u>		9. AGE last birthday: <u>20</u> yrs.		4. DATE OF DEATH: <u>March 1, 1955</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Harry F. Shipley</u>				14. MOTHER'S MAIDEN NAME: <u>Mary G. Cramer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		(If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No.: <u>215-26-9129</u>		17. INFORMANT & ADDRESS: <u>109 East Second Street, Mrs. Nellie B. Shipley, Frederick, Maryland</u>	

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
(a) <u>Carbon Monoxide Poisoning</u>					
Immediate cause DUE TO					
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last					
(c) DUE TO					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>street</u>		21c. (City or town) (County) (State) <u>Frederick - Frederick - Md.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3-1-55 Ca. 12 M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Piped exhaust into car window</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE <u>Robert J. Jurek</u>		CHIEF MEDICAL EXAMINER		DATE SIGNED <u>3-1-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>March 3, 1955</u>		LOCATION (City, town, or county) (State) <u>Walkersville, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>2 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heik</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

REC-111

MAR 3

B. H. V. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02685

2701

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
(If outside corporate limits, write RURAL OR and give nearest town) X TOWN Walkersville		(If outside corporate limits, write RURAL and give nearest town) X TOWN Walkersville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Avenue		STREET ADDRESS (If rural give location) Frederick Avenue	
3. NAME OF DECEASED: (First) (Middle) (Last) HARRY LUTHER SIGLER		4. DATE (Month) (Day) (Year) OF DEATH: March 26, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE MARRIED (Specify): Married	8. DATE OF BIRTH: June 17, 1887
9. AGE last birthday 67 yrs.		10. IF UNDER 1 YEAR: Months Days 11. IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if part-time) Packing Dept.		10B. KIND OF BUSINESS OR INDUSTRY: Brush Co.	
11. BIRTHPLACE (State or foreign country): Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel C. Sigler		14. MOTHER'S MAIDEN NAME: Martha Snook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: 212-24-5805	
17. INFORMANT & ADDRESS: Frederick Avenue. Mrs. Caroline H. Sigler, Walkersville, Md.			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE 420.1		4 weeks	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		8 years	
(A) Coronary artery disease & myocardial infarction			
(B) Arteriosclerotic cardiovascular disease			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		40 years	
Collapsed right lung secondary to emphysema		2 weeks	
Cerebral thrombosis			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1887 , 19 41 , to 1955 , that I last saw the deceased alive on 25 March, 1955 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.			
SIGNATURE James C. Jones, M.D.		DATE SIGNED 3/26/1955	
23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF March 29, 1955	
NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran Cem.		LOCATION (City, town, or county) (State) Jefferson, Maryland	
DATE REC'D BY LOCAL REGISTRAR 26 March 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son		ADDRESS Frederick, Maryland	

BUREAU V. 2

1918

1918

2702

MARYLAND STATE DEPARTMENT OF HEALTH

02686

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140 88

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN <u>Rural - near New London</u> LENGTH OF STAY (in this place) <u>5 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural - near New London</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 1 - Mt. Airy</u>		STREET ADDRESS (If rural, give location) <u>Route 1 - Mt. Airy</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Vernon</u> (Middle) <u>Claude</u> (Last) <u>Smith</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>27</u> (Year) <u>1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16, 1884</u>
9. AGE last birthday <u>70</u> yrs.		10. If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Jacob Smith</u>		14. MOTHER'S MAIDEN NAME <u>Anna Justine Whitmore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>214-16-0484</u>	
17. INFORMANT AND ADDRESS <u>Mr. Paul J. Smith - 207 Washington Rd., Westminster</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Arteriosclerotic Heart Disease</u>		About <u>10 years</u>
Antecedent cause(s) (b) _____		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to March, 1955, that I last saw the deceased alive on March 24, 1955, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE W.B. Culwell M.D. (Degree or title) ADDRESS Mt. Airy, Md. DATE SIGNED March 27, 1955

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Mar. 30, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Rocky Hill</u>	LOCATION (City, town, or county) (State) <u>Woodsboro Md.</u>
DATE REC'D BY LOCAL REG. <u>3/29/55</u>	REGISTRAR'S SIGNATURE <u>L. C. Powell</u>	24. FUNERAL DIRECTOR <u>J. C. Baston</u>	ADDRESS <u>Walkersville, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2733 CERTIFICATE OF DEATH

02687

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>New Windsor</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>New Windsor</u>			
TOWN <u>New Windsor</u> LENGTH OF STAY <u>Years</u>				TOWN <u>New Windsor</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>				STREET ADDRESS (If rural give location) <u>Rural</u>			
3. NAME OF DECEASED: (First) <u>U</u> (Middle) <u>ROY</u> (Last) <u>STONER</u>				4. DATE OF DEATH: (Month) <u>March</u> (Day) <u>5</u> (Year) <u>1955</u>			
5. SEX: <u>male</u>		6. COLOR OR RACE: <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH: <u>11/2/1879</u>	
9. AGE last birthday: <u>45</u> yrs.		10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>owner</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME: <u>Samuel S. Stoner</u>		14. MOTHER'S MAIDEN NAME: <u>Hettie Susan Brun</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY No.: <u>none</u>		17. INFORMANT & ADDRESS: <u>Rhoda S. Stoner, New Windsor Md</u>		18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death			
422.2 Immediate cause (a) <u>Pulmonary Effusion</u>							
Antecedent causes (s) (b) <u>Chronic Myocarditis</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>6</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>			
HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Jan 7</u> , 19 <u>55</u> , to <u>Mar 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/5</u> , 19 <u>55</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. H. Pegg</u>				ADDRESS <u>Union Bridge, Carroll Md</u>			
DATE SIGNED <u>3-6-55</u>							
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				DATE THEREOF <u>3/8/55</u>			
NAME OF CEMETERY OR CREMATORY <u>Pipe Creek Cem.</u>				LOCATION (City, town, or county) <u>Carroll County, Md.</u>			
DATE REC'D BY LOCAL REGISTRAR <u>Mar 8/55</u>				REGISTRAR'S SIGNATURE <u>Ernie Benedict</u>			
24. FUNERAL DIRECTOR <u>W. O. Hartley & Sons</u>				ADDRESS <u>New Windsor, Md.</u>			

THE UNIVERSITY OF CHICAGO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02688
2683 CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick Frederick		LENGTH OF STAY (in this place) 20 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Fairview Avenue				STREET ADDRESS (If rural give location) 501 Fairview Avenue			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) Mabel		(Middle) S.		(Last) Thomas		(Month) (Day) (Year) March 11 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. IF UNDER 1 YEAR 11. IF UNDER 24 HRS.		
Female	White	Single	3-27-1915	39 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): No occupation				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
						Maryland	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
C. Silas Thomas				Nora Purcell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
No				None		501 Fairview Ave. Miss Nora E. Thomas (sister) Fred'k. Md.	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
430.0 Immediate cause (a) Myocardial decamprassation DUE TO						6 24 Hrs	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Subacute Bacterial endocarditis DUE TO						10 24 Hrs	
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Pulmonary stenosis						4 1/2	
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/3, 1954, to 3/11, 1955, that I last saw the deceased alive on 3/10, 1955, and that death occurred at 12:15 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
C. J. [Signature]				[Signature]		3/12/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		3-13-1955		Mt. Olivet Cemetery		Frederick- Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
12 March 1955		Elizabeth L. Hech		C.E. Cline and Son- Frederick- Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 17
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2774

CERTIFICATE OF DEATH

Reg. Dist. No. ...131.....

02689

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
GITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		GITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> <u>Frederick-Rural-R.D.#2</u>		<u>Years</u>		<u>Frederick-Rural R.D.#2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hopeland</u>				STREET ADDRESS (If rural give location) <u>Hopeland</u>			
3. NAME OF DECEASED: (First) <u>FLORENCE</u>		(Middle) <u>VIRGINIA</u>		(Last) <u>THOMPSON</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>March 25, 19 55</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>March 5, 1871</u>	9. AGE last birthday <u>84</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mln.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME: <u>Zacharias Robertson</u>				14. MOTHER'S MAIDEN NAME: <u>Caroline (last name unknown)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Joseph Lee, Frederick, R.F.#2, Maryland</u>		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Pulmonary hemorrhage</u>						<u>12 hours</u>	
ANTECEDENT CAUSE (B) <u>Probable pulmonary tuberculosis</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January, 1955</u> , to <u>3/25</u> , 1955, that I last saw the deceased alive on <u>3/25</u> , 1955, and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>James B. Thomas</u>		M.D. <u>Frederick, Maryland</u>		DATE SIGNED <u>3/26/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>March 28, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Sunnyside Methodist Cem.</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>28 March 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heth</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

BUREAU Y. S.

MAR 29 1955

RECEIVED

2684

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 East Fifth Street				STREET ADDRESS (If rural give location) 216 East Fifth Street			
3. NAME OF DECEASED: (First) CHARLES		(Middle) C.		(Last) TITLOW, SR.		4. DATE OF DEATH: March 14 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. STATUS MARRIED, WIDOWED, SEPARATED (Specify): Widowed	8. DATE OF BIRTH: May 1, 1882	9. AGE last birthday: 72 yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.		11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Motorman		10b. KIND OF BUSINESS OR INDUSTRY: Trolley		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel Titlow				14. MOTHER'S MAIDEN NAME: Mollie Stull			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No		(If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: 217-10-9597		17. INFORMANT & ADDRESS: Mrs. Irving L. Engle - Frederick, Maryland	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death			
2a. Immediate cause (a) Coronary Thrombosis				4 weeks			
Antecedent causes (s) (b) Chronic Nephritis				3 months			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) Diabetes Mellitus				15 years			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 8				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY 1				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1, 1945, to March 4, 1955, that I last saw the deceased alive on March 4, 1955, and that death occurred at 2:15 P.M., from the causes and on the date stated above.							
SIGNATURE Bernard C. [Signature]		(Degree or title)		ADDRESS 225 N. Market St. Frederick, Md.		DATE SIGNED March 17, 1955	
23. BURIAL CREMATION, REMOVAL (Specify) Burial		DATE THEREOF March 17, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 17 March 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

551

1951

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 026944

CERTIFICATE OF DEATH

Reg. Dist. No. ~~144~~ ...

Items 8, 9, Film G179 3-31-54 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
X TOWN Thurmont-Rural R.D.#1		5 Years		TOWN Thurmont-Rural R.D. #1,		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Lewistown				STREET ADDRESS (If rural give location) Near Lewistown			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
SARAH EMMALINE TRACY				March 17, 1955			
5. SEX		6. COLOR OR RACE:		8. DATE OF BIRTH		9. AGE last birthday	
Female		White		December 28, 1883		72 73 yrs	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		Widow		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		11. BIRTHPLACE (State or foreign country):	
Housework		Home		Whio		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Edwin Persons				Ann McVicker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give year or dates of service)				16. SOCIAL SECURITY NO.			
No				289-03-8776			
17. INFORMANT & ADDRESS:				Mrs. Dwight Teele Sr., Thurmont R.D.#1, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cordis-vascular - renal disease						4 years	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
None							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 1 , 1954 to Mar. 17 , 1955, that I last saw the deceased alive on Mar. 2 , 1955, and that death occurred at 8:15AM , from the causes and on the date stated above.							
SIGNATURE James T. Gray				ADDRESS M. D. Thurmont, Maryland		DATE SIGNED 3/17/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Removal		March 17, 1955		Columbus		Ohio	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
3/17/1965		Blanche S. Eyles		M. R. Etchison & Son, Frederick, Maryland			

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2685

CERTIFICATE OF DEATH

Reg. Dist. No. 02692 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		LENGTH OF STAY (in this place) 55 years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Libertytown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home				STREET ADDRESS (If rural give location) Libertytown			
3. NAME OF DECEASED: (First) IDA		(Middle) BELLE		(Last) WELKER		4. DATE OF DEATH: March 30 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: October 8, 1879		9. AGE last birthday: 75 yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Allen Zacharias Burrier				14. MOTHER'S MAIDEN NAME: Mary Lease Burrier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Clarence A. Myers - Libertytown, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
332X Immediate cause (a) Cerebral thrombosis DUE TO						2-3 months	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized DUE TO						? yrs.	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/29, 1955, to 3/30, 1955, that I last saw the deceased alive on 3/30, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
SIGNATURE Henry V. Chase M.D.		(Degree or title)		ADDRESS 4 E. Church St. Frederick		DATE SIGNED 3/31/55	
23. BURIAL CREMATION, REMOVAL (Specify) Burial		DATE THEREOF April 2, 1955		NAME OF CEMETERY OR CREMATORY Fairmount Cemetery		LOCATION (City, town, or county) Libertytown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 31 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 1 1965

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02693

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick				LENGTH OF STAY (In this place) 40 Days			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural, give location) George Street			
3. NAME OF DECEASED (Type or Print) ELLA		(First) FLORENCE		(Middle) WRIGHT		(Last)	
4. DATE OF DEATH March 27, 1955		(Month) March		(Day) 27,		(Year) 19 55	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 12, 1882	
9. AGE last birthday 72 yrs.		If under 1 year Months Days		If under 24 hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Home			
11. BIRTHPLACE (State or foreign country) Virginia				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Nelson Adams				14. MOTHER'S MAIDEN NAME Betty Coffee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) No				16. SOCIAL SECURITY No. None			
17. INFORMANT C. H. Wright, Walkersville, Maryland							
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause (a) Coronary artery disease & myocardial infarction						2 years	
Antecedent cause(s) (b) Hypertensive CVD						5 years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerotic CVD						15 years	
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis, severe, chronic						25 years	
19a. DATE OF OPERATION 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1948 , to 27 Mar, 1955 , that I last saw the deceased alive on 26 Mar, 1955 , and that death occurred at 7:30 A. m. , from the causes and on the date stated above.							
SIGNATURE James E. Boner, Jr. M.D.				ADDRESS Walkersville, Md.		DATE SIGNED 27 March 1955	
23. BURIAL CREMATION REMOVAL (Specify) Burial		DATE THEREOF Mar. 29, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REG. 29 March 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hersh		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland			

BUREAU V. S.

MAR 30 1955

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